S. No. 300
v. 10-48

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15210

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 893

4002
0

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (In this place) 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Hts. 4496
d. STREET ADDRESS (If rural, give location) 7627 Lindbergh Dr.

3. NAME OF DECEASED (Type or Print) a. (First) STELLA b. (Middle) MAY c. (Last) STAMM

4. DATE OF DEATH (Month) Apr. (Day) 4, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH 7-27-1899
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months 8 Days 7 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Richwoods, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles McIntyre
13b. MOTHER'S MAIDEN NAME Hettie Stockings
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ollie Ziervogel, R.Hts., Mo. ADDRESS 7627 Lindbergh

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) acute hemorrhagic shock	4 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) ruptured esophageal varices.	24 hrs
	DUE TO (c) cirrhosis - liver	?
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	1-2-3 degree burns 20 % Body area	2 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 581.0
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Pendana
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7139 MANCHESTER
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St. Louis (STATE) Mo
21d. TIME OF INJURY (Month) MAR (Day) 20 (Year) 1950 (Hour) 6:35 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? BURNED BY HOT PLATE IN POP CORN STAND.

22. *I hereby certify that I attended the deceased from* 3-20-, 1950, *to* 4-4-, 1950, *that I last saw the deceased alive on* 4-4-, 1950, *and that death occurred at* 7:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. J. Scheme Jr. M.D.
23b. ADDRESS 601 Brentwood Clayton
23c. DATE SIGNED 4-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-6-1950
24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery
24d. LOCATION (City, town, or county) St. Louis Co., Mo. (State)

DATE REC'D BY LOCAL APR 5 1950
REGISTRAR'S SIGNATURE Herbert R. Dombe M.D.
25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood 17, Mo. ADDRESS 7456 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.